

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Date

of death

1908

April

4

Age

1

Years

1

Months

1

Days

14

Sex

Occupation

Female

Color or
Race

Black

Birth-
place

D.C. G. Ind

Where Residing if not
at place of death

at place of death

Single
or Widowed

Single

Name of Wife or
Husband

Single

Father's
Name

Thomas H. Adams

Father's
Birthplace

D.C. G. Ind

Mother's
Maiden Name

Marjorie Baynard

Mother's
Birthplace

Coolidge Ind

Name of person giving
information

Thomas H. Adams

How related
to decedent

Father

CAUSES OF DEATH

151

Primary

In nutrition

Bronschitis

5 weeks

Immediate

Asthma

5 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. G. C. Coppage

Address

Church Hill

Accident or Suicide?

No

Chas. H. Hie Col. Connally

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Jim Anderson Bertie Adams

Died at Centerville Town Manassas County Dum MARYLAND

Date of death 1908 Month 4 Day 11 Age Years Months Days 3

Sex male Color or Race Black American Birth-place Centerville

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Jim Anderson Father's Birthplace 2. a. Co

Mother's Maiden Name Bertie Della Adams Mother's Birthplace 2. a. Co.

Name of person giving information Sarah Elizabeth Washington How related to deceased Aunt

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

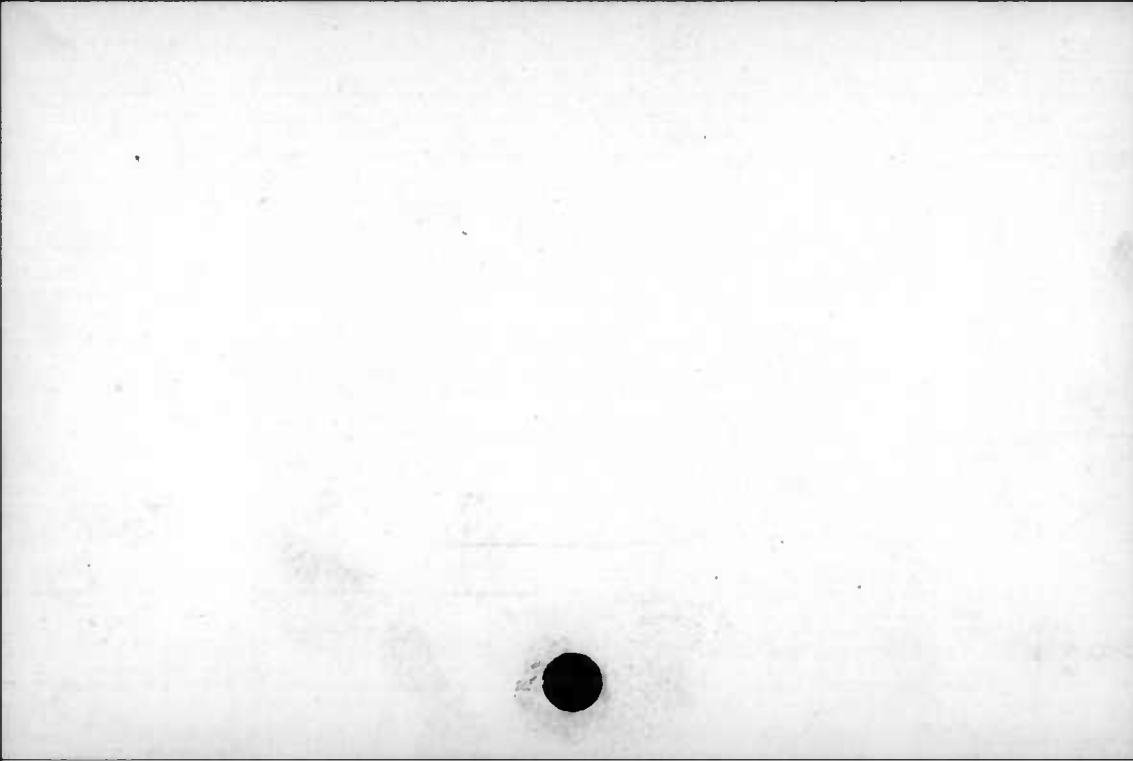
Primary Congenital Weakness How long 3 days

Immediate Exhaustion How long 3 days.

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. F. Smith

Address Centerville Md.

Accident or Suicide? No.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

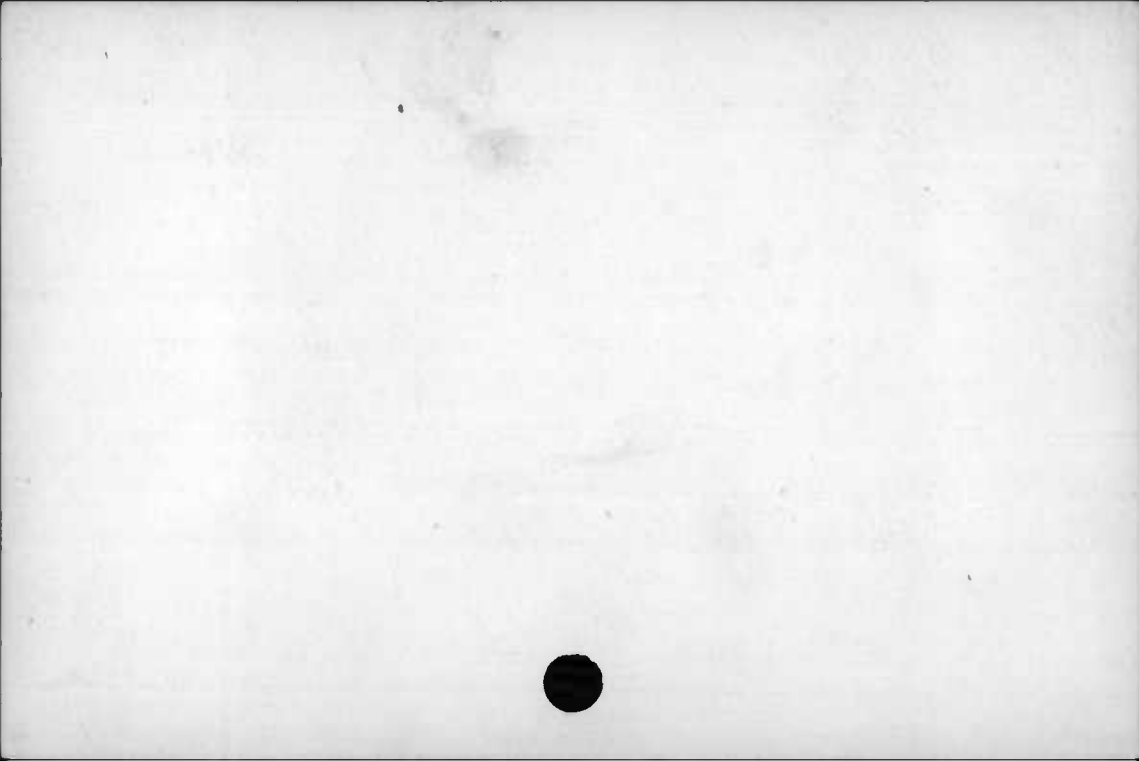
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Ida Carry.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---------------|--|-------------------------|--|----------------|--|
| Died at <i>Near Church Hill</i> | | Town | | County | | 2000 | |
| Date of death | | 1908 | | Month | | April | |
| Day | | 19 | | Age | | 35 | |
| Sex | | Female | | Color or Race | | White | |
| Occupation | | Housewife | | Birth-place | | 2000 Md | |
| Where Residing if not at place of death | | | | | | | |
| Married, Single or Widowed | | Married | | Name of Wife or Husband | | John W H Carry | |
| Father's Name | | W Frank Emery | | Father's Birthplace | | Delaware | |
| Mother's Maiden Name | | Reed | | Mother's Birthplace | | " | |
| Name of person giving Information | | Keward Emery | | How related to deceased | | Brother | |

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------------|--------------------------|-------------|
| Primary | <i>Tubercular cystitis</i> | How long | <i>1 yr</i> |
| Immediate | <i>Exhaustion</i> | How long | <i>1 hr</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | <i>D. S. Dudley M.D.</i> | |
| Address | | <i>Church Hill Md</i> | |
| Accident or Suicide? | | 9 | |



Name
in
Full

Mary A Clements

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

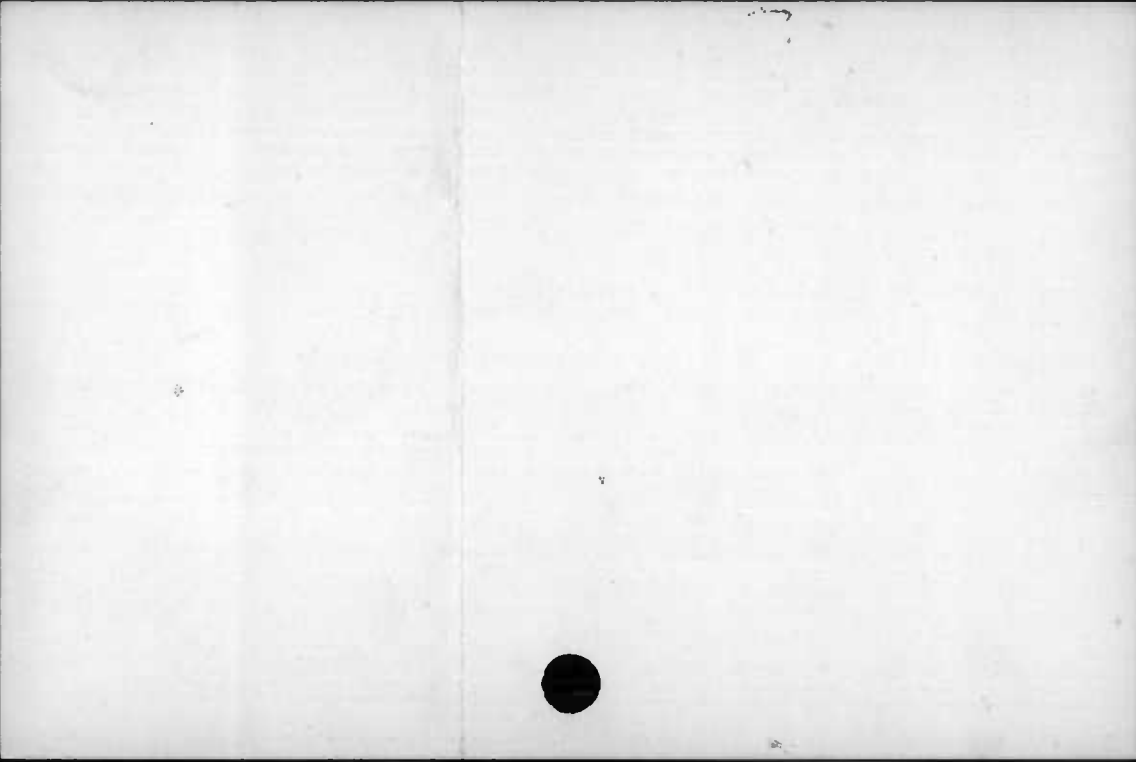
| | | | | | |
|---|---|---|-----------------------------|---------------------------------------|--|
| Died at <i>English</i> <small>Town</small> | | <i>Queen Anne's</i> <small>County</small> | | MARYLAND | |
| Date of death | <i>1908</i> <small>Year</small> | <i>April</i> <small>Month</small> | <i>1</i> <small>Day</small> | <i>Not known</i> <small>Years</small> | <i>Not known</i> <small>Months</small> |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Maryland</i> | | | |
| Occupation <i>Housewife</i> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <i>Widowed</i> | Name of Wife or Husband | | | | |
| Father's Name <i>William West</i> | Father's Birthplace <i>Not known</i> | | | | |
| Mother's Maiden Name <i>Rachel Newlee</i> | Mother's Birthplace <i>" "</i> | | | | |
| Name of person giving information <i>Elvina Drums</i> | How related to deceased <i>son in law</i> | | | | |

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Cerebral Clot. Hemiplegic</i> | How long <i>4 weeks</i> |
| Immediate <i>Remedy Hemiplegic & Coma</i> | How long <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. R. Maune</i> |
| | Address <i>Queen Anne's Md.</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

Wm Marion Cook

CERTIFICATE OF DEATH

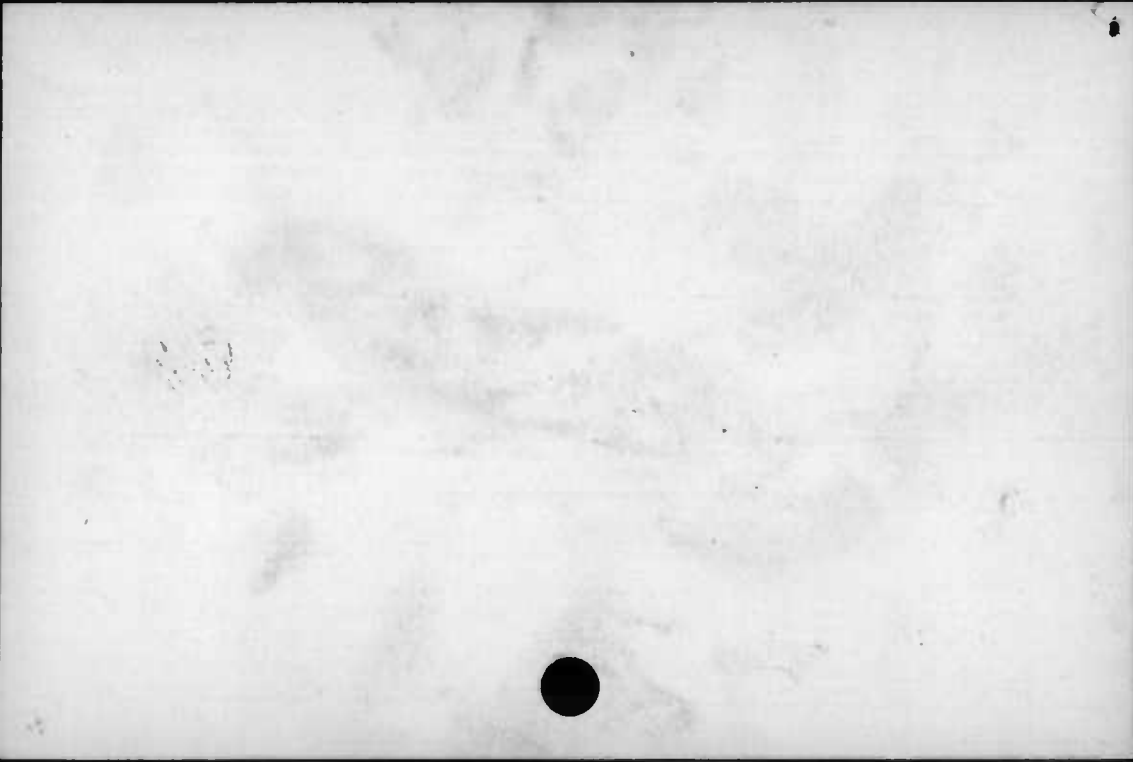
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------------------------------|-------------------------------------|--|----------------|-------------------------------|
| Died at <i>Winchester</i> ^{Town} | | <i>Queen Anne</i> ^{County} | | MARYLAND | |
| Date of death | <i>1908</i> | Month <i>4</i> | Day <i>3</i> | Years <i>1</i> | Months <i>1</i> Days <i>1</i> |
| Sex <i>male</i> | Color or Race <i>African</i> | | Birth-place <i>Winchester</i> | | |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name <i>Wmson Cook</i> | | | Father's Birthplace <i>Q. A. Co. Md.</i> | | |
| Mother's Maiden Name <i>Katie Cook</i> | | | Mother's Birthplace <i>Baltimore</i> | | |
| Name of person giving information <i>Wmson Cook</i> | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Accident to mother</i> | How long <i>1</i> |
| Immediate <i>1</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>W. W. Chaires</i> |
| <i>Midwife had deliqued, and child was dead when I arrived</i> | Address <i>Queentown Md.</i> |
| Accident or Suicide? | <i>Internat. Health Co.</i> |



Name
in
Full

Roderick Ericsson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

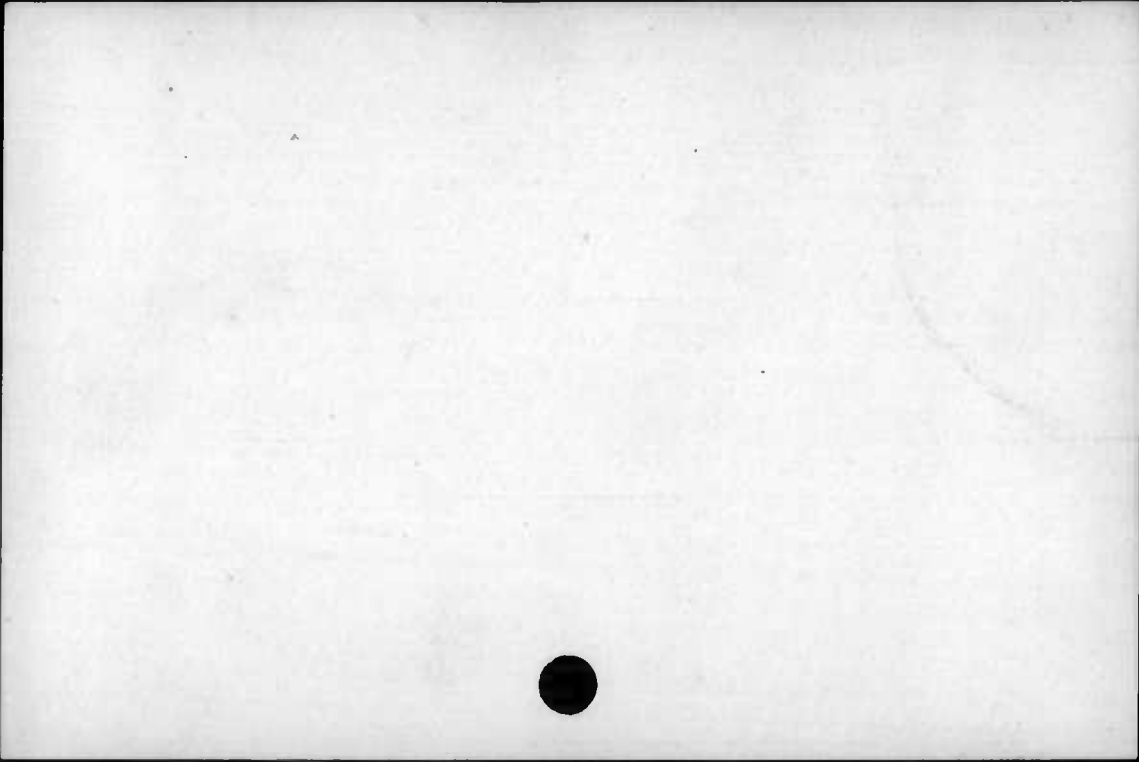
| | | | | | | | |
|---------------------------------------|--|--|--|--------------------------------|--|----------------------------------|--|
| Died at <i>County Home</i> | | Town <i>Home</i> | | County <i>Queen Anne's</i> | | MARYLAND | |
| Date of death <i>22nd</i> | | Month <i>April</i> | | Day <i>22nd</i> | | Age <i>71</i> | |
| Sex <i>Male</i> | | Color or Race <i>white</i> | | Birth-place <i>Kent Island</i> | | Months <i>—</i> | |
| Occupation <i>Laborer</i> | | Where Residing if not at place of death <i>Kent Island</i> | | Years <i>—</i> | | Days <i>—</i> | |
| Married, Single or Widowed <i>yes</i> | | Name of Wife or Husband <i>—</i> | | Father's Name <i>Dont Know</i> | | Father's Birthplace <i>—</i> | |
| Mother's Maiden Name <i>Dont Know</i> | | Name of person giving information <i>Wm Jester</i> | | Mother's Birthplace <i>—</i> | | How related to deceased <i>—</i> | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | | |
|---|--|---|--|
| Primary <i>Bright Disease of Kidney</i> | | How long <i>2 years</i> | |
| Immediate <i>Acute indigestion</i> | | How long <i>24 hours</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Ed Holton</i> | |
| Address <i>Centerville Maryland</i> | | Accident or Suicide? <i>9</i> | |



Name
in
Full

Bertha Cavella Ferrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

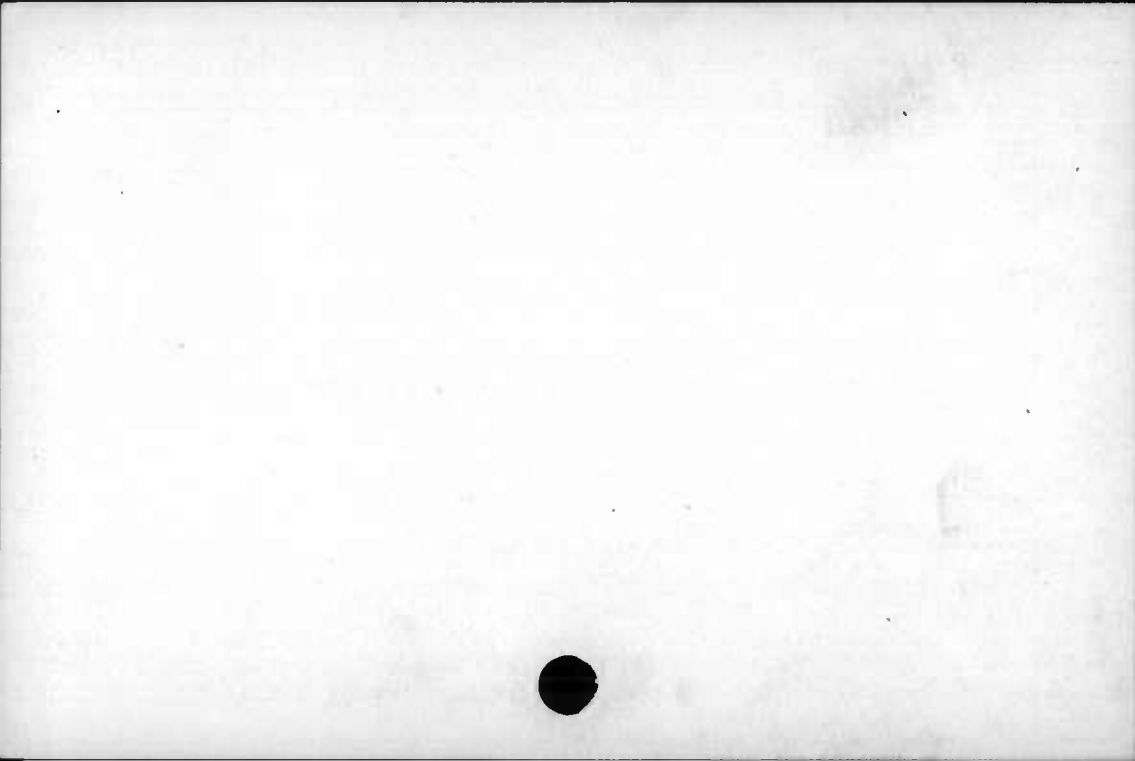
| | | | | | | | |
|---|------------------------------|----------------------------|--|--|------------------------|---------------------|--|
| Died at <i>Pond</i> | | Town <i>Queen Anne</i> | | County <i>Queen Anne</i> | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>April</i> | Day <i>23rd</i> | Age <i>One</i> | Years | Months <i>3 months</i> | Days <i>unknown</i> | |
| Sex <i>girl</i> | Color or Race <i>colored</i> | | Birth-place <i>Queen Anne Co</i> | | | | |
| Occupation <i>lives at home</i> | | | Where Residing if not at place of death <i>_____</i> | | | | |
| Married, Single or Widowed <i>_____</i> | | | Name of Wife or Husband <i>_____</i> | | | | |
| Father's Name <i>John Samuel Ferrell</i> | | | | Father's Birthplace <i>Queen Anne Co</i> | | | |
| Mother's Maiden Name <i>Abbie Ritten Mason</i> | | | | Mother's Birthplace <i>Delaware</i> | | | |
| Name of person giving information <i>Father</i> | | | | How related to deceased <i>_____</i> | | | |

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>_____</i> | How long <i>6 months</i> |
| Immediate <i>beriberi</i> | How long <i>4 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>F. N. Sheppard M.D.</i> |
| <i>9</i> | Address <i>Corruption</i> |
| Accident or Suicide? | <i>Ind.</i> |



Name

in
Full

CERTIFICATE OF DEATH

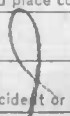
TO BE ANSWERED BY
NEAREST FRIEND

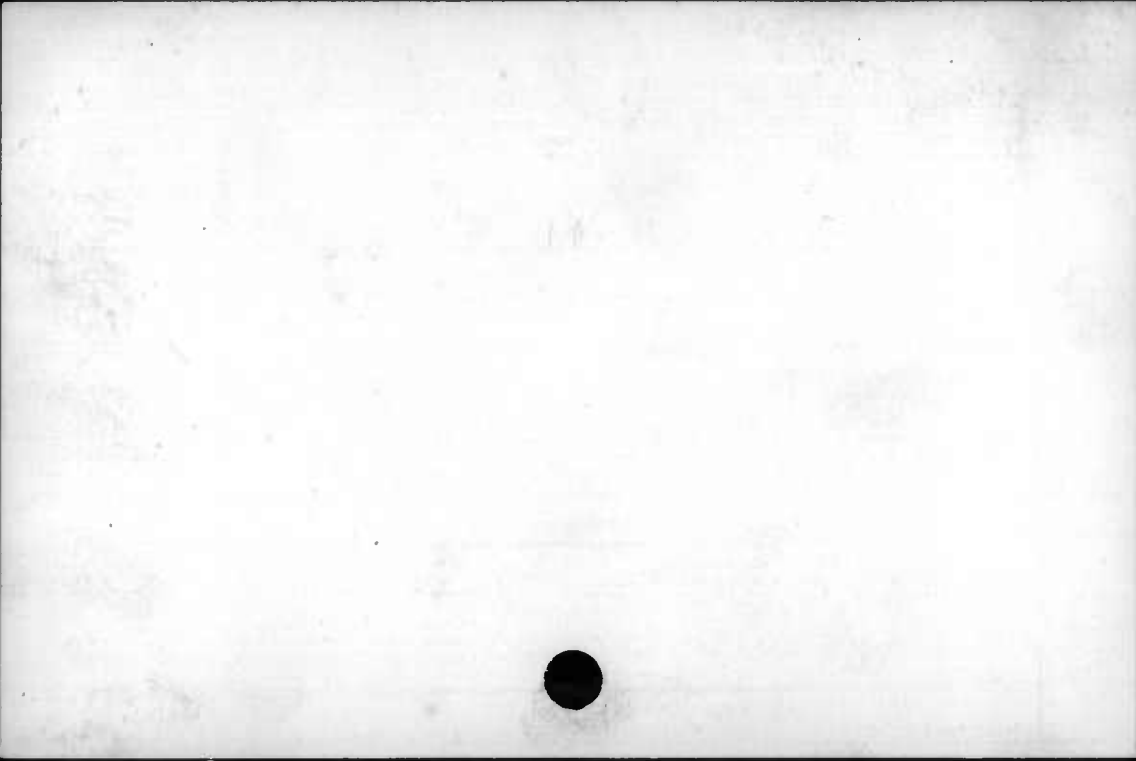
| | | | | | | | |
|---|--|---|--|---|--|--------------------|--|
| Name in Full <i>John B. Ford</i> | | Town <i>Millington</i> | | County <i>Queen Anne's</i> | | MARYLAND | |
| Died at <i>Millington</i> | | Month <i>4</i> | | Day <i>27</i> | | Years <i>51</i> | |
| Date of death <i>1908</i> | | Month <i>4</i> | | Day <i>27</i> | | Age <i>51</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Kent Co. Delaware</i> | | Months <i>6</i> | |
| Occupation <i>Farming</i> | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Annie C. Ford</i> | | | | | |
| Father's Name <i>Thomas Ford</i> | | Father's Birthplace <i>Delaware</i> | | | | | |
| Mother's Maiden Name <i>Louisa Anderson</i> | | Mother's Birthplace <i>Delaware</i> | | | | | |
| Name of person giving information <i>H. C. Jones</i> | | How related to deceased <i>Brother</i> | | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Pneumonia (Pulmonary)</i> | How long <i>3 years</i> |
| Immediate <i>Respiratory Failure</i> | How long <i>Day</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Arthur E. Landers</i> |
|  | Address <i>Crumpton</i> |
| | |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|-----------------------------|--|-----------------|--|
| Name in Full <i>Charles Gith</i> | | Town <i>Brandy</i> | | County <i>Innham</i> | | MARYLAND | |
| Died at <i>Brandy</i> | | Month <i>Apr</i> | | Day <i>14</i> | | Years <i>56</i> | |
| Date of death <i>1908</i> | | Month <i>Apr</i> | | Day <i>14</i> | | Years <i>56</i> | |
| Sex <i>Male</i> | | Color or Race <i>Black</i> | | Birth-place <i>Maryland</i> | | | |
| Occupation <i>Farmer</i> | | Where Residing if not at place of death <i>at home</i> | | | | | |
| Married, Single or Widowed <i>married</i> | | Name of Wife or Husband <i>Amanda Gith</i> | | | | | |
| Father's Name <i>Joshua Gith</i> | | Father's Birthplace <i>Maryland</i> | | | | | |
| Mother's Maiden Name <i>Anna Gith</i> | | Mother's Birthplace <i>" "</i> | | | | | |
| Name of person giving information <i>J. H. Gith</i> | | How related to deceased <i>Brother</i> | | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | | | |
|---|--|---|--|
| Primary <i>Pulmonary tuberculosis</i> | | How long <i>3 months</i> | |
| Immediate <i>Weak heart</i> | | How long <i>—</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>H. E. Evans</i> | |
| | | Address <i>Marydel Md</i> | |
| Accident or Suicide? <i>—</i> | | | |



Name
in
Full

Miss Louise Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|---|--|----------------------|--|
| Died at <i>Church Hill</i> <small>Town</small> | | <i>Queen Anne's</i> <small>County</small> | | MARYLAND | |
| Date of death <i>1908 April 16</i> | | Age <i>21</i> | | Months <i>6</i> Days | |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Queen Anne's Co</i> | | | |
| Occupation <i>Student</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>None</i> | | | | |
| Father's Name <i>Frederick Hall</i> | Father's Birthplace <i>Queen Anne's Co</i> | | | | |
| Mother's Maiden Name <i>Anna Reed</i> | Mother's Birthplace <i>Queen Anne's Co</i> | | | | |
| Name of person giving information <i>William Hall</i> | | How related to deceased <i>Brother</i> | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Pulmonary Tuberculosis</i> | How long <i>2 years</i> |
| Immediate <i>Exhaustion</i> | How long <i>1 hour</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>W. S. Dudley MD</i> |
| Accident or Suicide? <i>No</i> | Address <i>Church Hill Md</i> |



Name
in
Full

Sarah E. Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

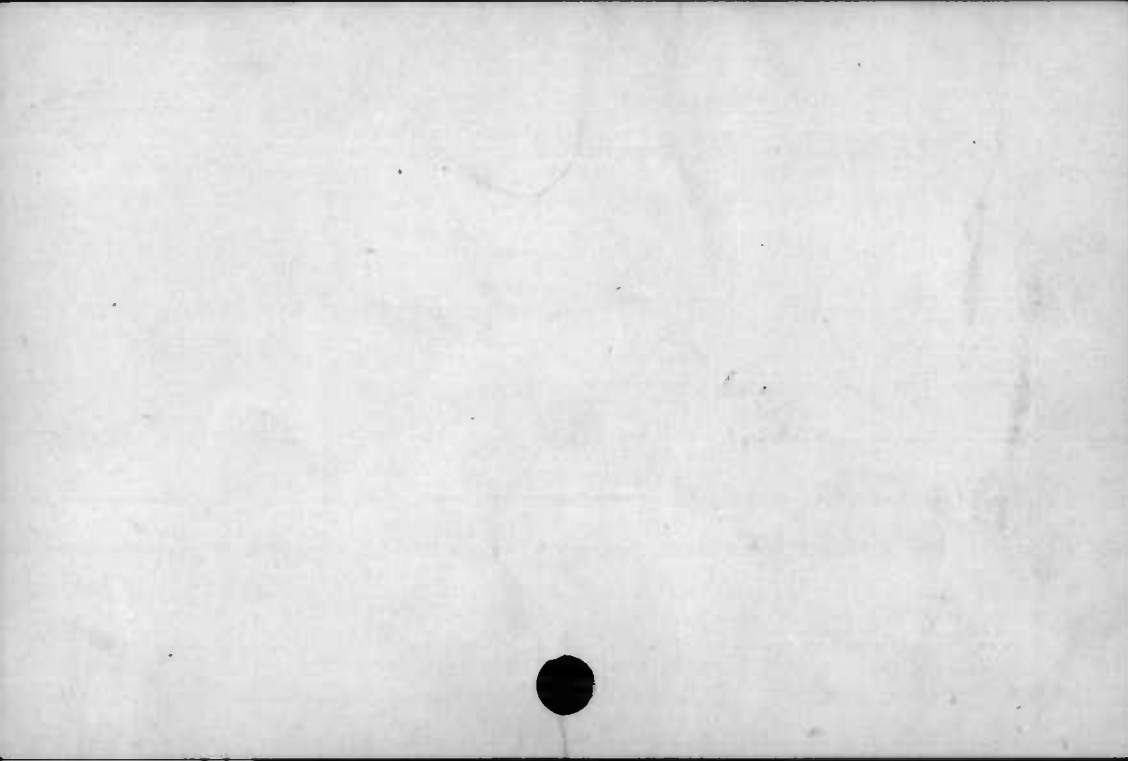
| | | | | | |
|---|-------------------------------|-------------------------------------|--|----------------------------|--------------------------|
| Died at <u>Stevensville</u> ^{Town} | | <u>Queen Anne</u> ^{County} | | MARYLAND | |
| Date of death | 190 <u>8</u> ^{Month} | <u>Apr.</u> ^{Day} | <u>35</u> ^{Years} | <u>5</u> ^{Months} | <u>2</u> ^{Days} |
| Sex | <u>Female</u> | Color or Race | <u>Caucasian</u> | Birth-place | <u>Kent Del Md</u> |
| Occupation | <u>none</u> | | Where Residing if not at place of death <u>Stevensville</u> | | |
| Married, Single or Widowed | <u>Single</u> | Name of Wife or Husband | | | |
| Father's Name | <u>William Fisher</u> | | | Father's Birthplace | <u>Stevensville</u> |
| Mother's Maiden Name | <u>Clara Harris</u> | | | Mother's Birthplace | <u>Caroline Co.</u> |
| Name of person giving information | <u>Lulu Robinson</u> | | | How related to deceased | <u>A friend</u> |

CAUSES OF DEATH

98

PHYSICIAN
OR CORONER

| | | | |
|--|----------------|------------------------|---------------------------|
| Primary | <u>Empyema</u> | How long | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <u>Dr. Chas. E. Myers</u> |
| <input checked="" type="checkbox"/> Accident or Suicide? | | Address | <u>Stevensville</u> |



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Chestertown* *Stearns* County

Date of death *1908* *Apr* *4* *Age* *1* *8* *Months* *Days*

Sex *Male* Color or Race *W* Birth-place *Stearns*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Wesley Hill* Father's Birthplace *Sharptown Md*

Mother's Maiden Name *Annie Brown* Mother's Birthplace *Keokuk Iowa*

Name of person giving information *Wesley Hill* How related to deceased *Father*

CAUSES OF DEATH

93

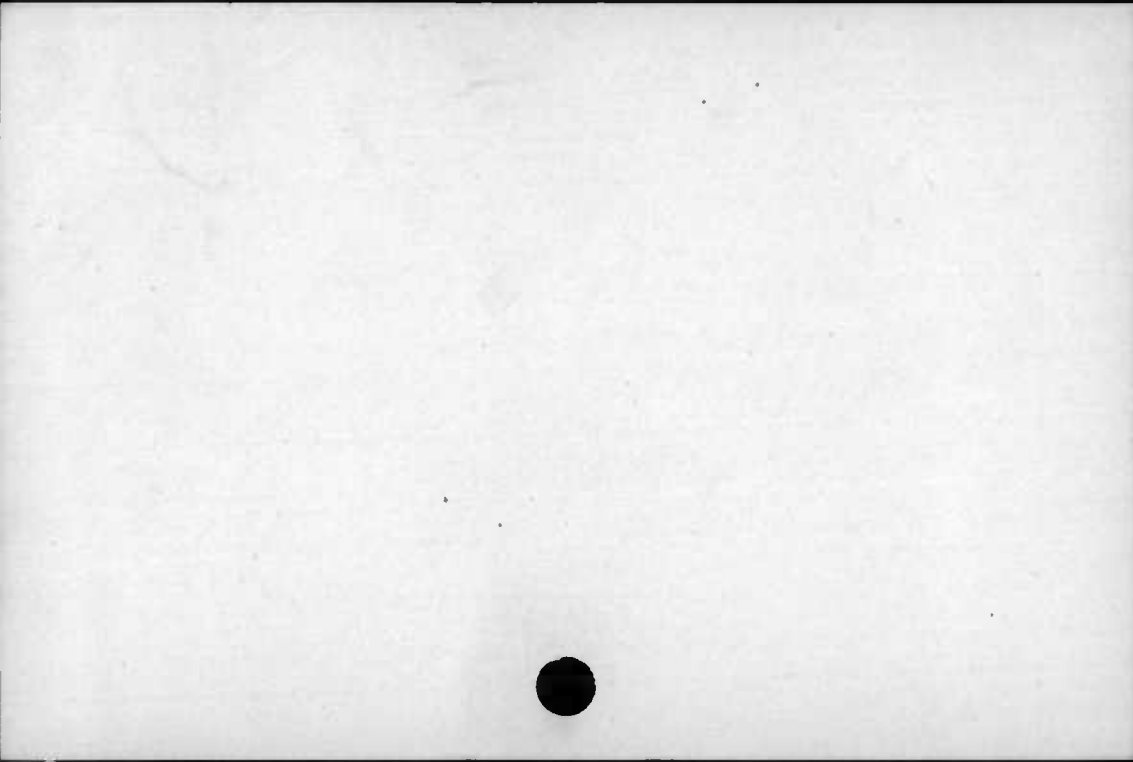
Primary *Pneumonia* How long *2 days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas E Snyder*
Address *Stearns (Md)*
Rocky Mt

Accident or Suicide? *no*



PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Date _____

of death **190**

Math

Day

Years

Months

Days

Sex

Occupation

Color or Race

Age

Birth-
place

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband _____

Father's
Name

Mother's
Maiden Name

Name of person giving
information

Father's Birthplace

Mother's Birthplace

How related
to disease

CAUSES OF DEATH

Primary

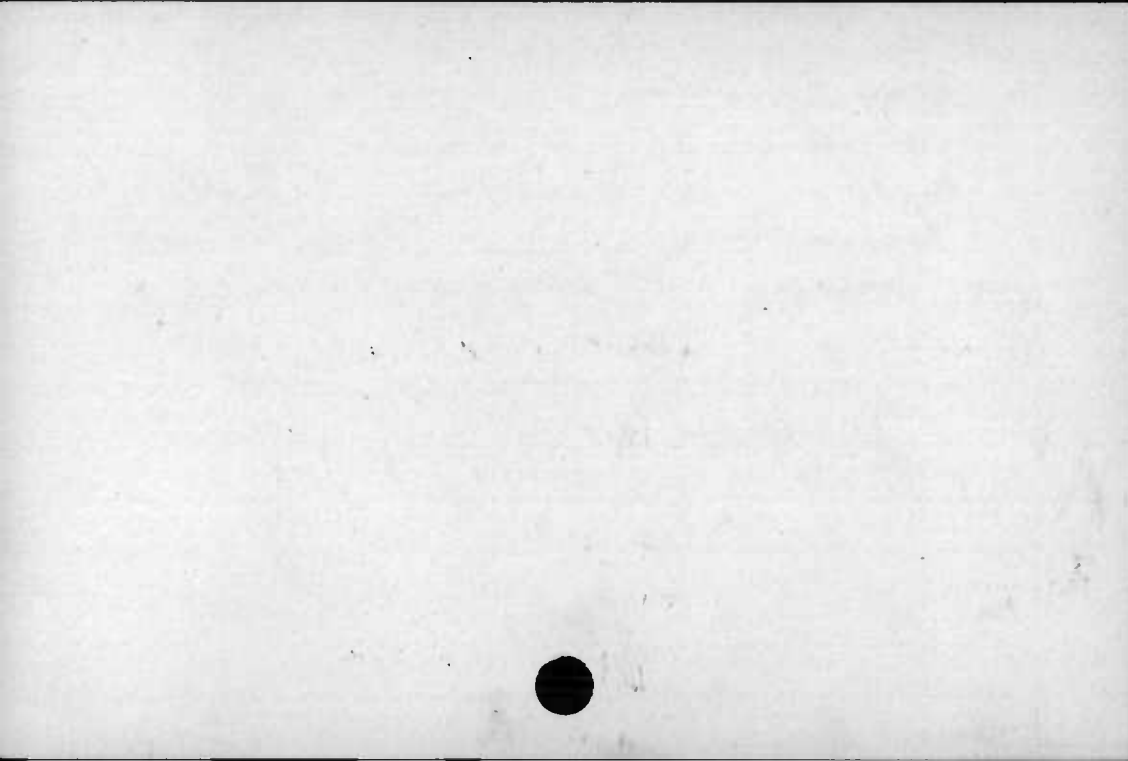
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

Mr Henry Horner

Died at ^{Town} Near Denton

^{County} La Co.

MARYLAND

Date of death 1908 April

Day 14

Age 44

Months

Days

Sex Male

Color or Race

Black

Birth-place

La Co

Occupation

Farmer Hana

Where Residing if not at place of death

Near Denton

Married, Single or Widowed

Married

Name of Wife or Husband

Louisa Millson

Father's Name

Henry Horner

Father's Birthplace

La Co

Mother's Maiden Name

Dea

Mother's Birthplace

Name of person giving information

Louisa Horner

How related to deceased

Wife

CAUSES OF DEATH

97

Primary

Mechanical Asthma

How long

Two months

Immediate

Heart failure

How long

Half hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. J. L. Lowe

Address

Queenstown, Md.

Beiler Wy. Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mr. Hornes

Name
in
Full

Wm Henry Manlove

CERTIFICATE OF DEATH

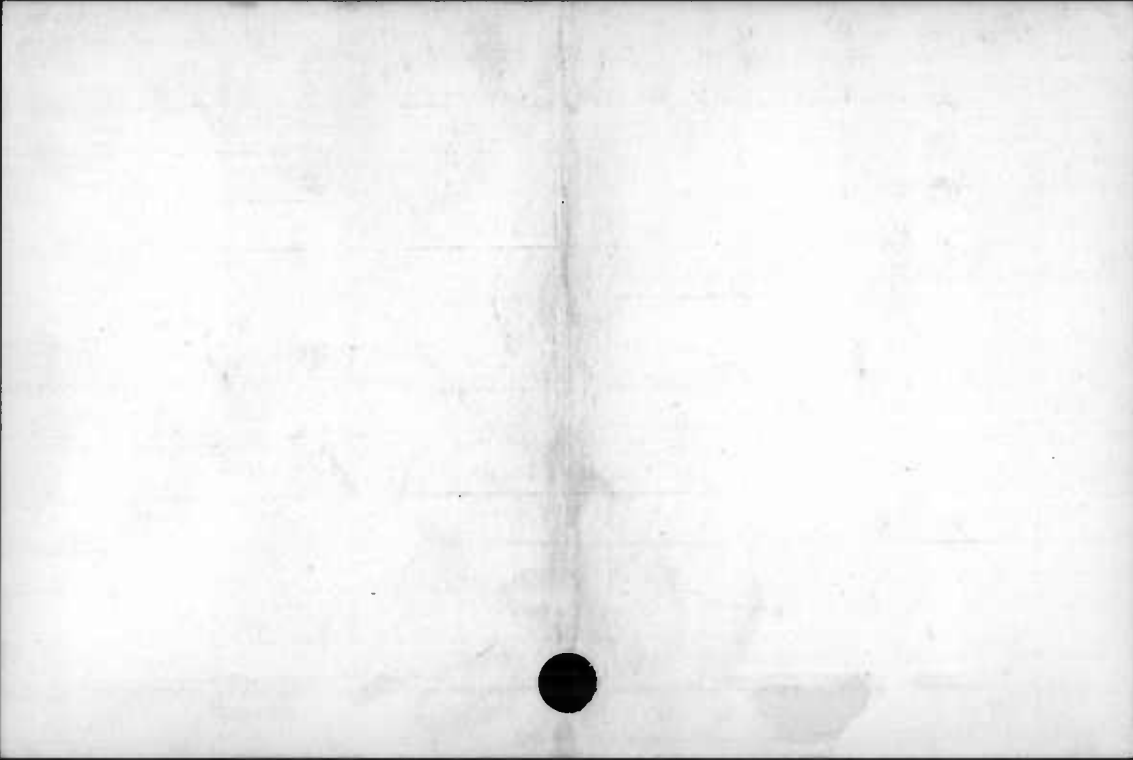
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|------------------------|---------------------|---|-----------------------------|-------|----------|------|
| Died at <i>Wassucksville</i> | | Town <i>Furness</i> | | County <i>Anne</i> | | MARYLAND | |
| Date of death | <i>1908</i> | Month <i>4</i> | Day <i>29</i> | Age <i>9</i> | Years | Months | Days |
| Sex <i>Male</i> | Color or Race <i>W</i> | | | Birth-place <i>Delaware</i> | | | |
| Occupation <i>Farm Laborer</i> | | | Where Residing if not at place of death <i>W.D.</i> | | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| Father's Name <i>Wm Mal</i> | | | Father's Birthplace <i>Unknown</i> | | | | |
| Mother's Maiden Name <i>Alb Manlove</i> | | | Mother's Birthplace <i>Virginia</i> | | | | |
| Name of person giving information <i>Wm Chase</i> | | | How related to deceased <i>Nephew</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|---------------------------|--|-------------------|
| Primary | <i>Typhoid Fever</i> | How long | <i>Two months</i> |
| Immediate | <i>Exhaustion Wasting</i> | How long | <i>Six months</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Proctor Luck</i> | |
| | | Address <i>Suckersville W.D.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

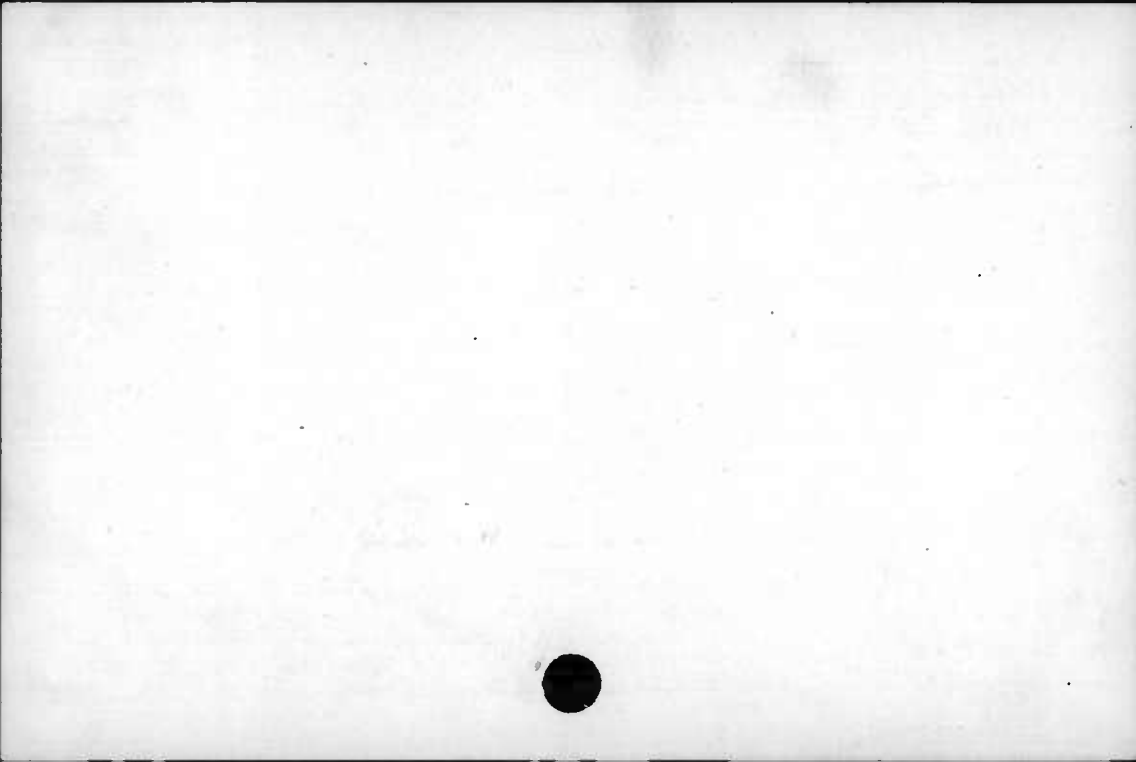
| | | | | | |
|---|--|--------------------------|-------------------------------|-----------------|---------------|
| Died at <i>Centreville</i> Town | | <i>Queen Anne</i> County | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>4</i> | Day <i>5</i> | Age <i>22</i> Years | Months <i>1</i> | Days <i>0</i> |
| Sex <i>Male</i> | Color or Race <i>Caucasian</i> | | Birth-place <i>Queen Anne</i> | | |
| Occupation <i>Laborer</i> | Where Residing if not at place of death <i>Centreville</i> | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>May Chilcutt</i> | | | | |
| Father's Name <i>James Edward Marshall</i> | Father's Birthplace <i>Queen Anne</i> | | | | |
| Mother's Maiden Name <i>Ella Weaver</i> | Mother's Birthplace <i>Queen Anne</i> | | | | |
| Name of person giving information <i>Catherine Burgess Weaver</i> | How related to deceased <i>Aunt</i> | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Tuberculosis Pulmonary</i> | How long <i>2 or 3 years</i> |
| Immediate <i>Exhaustion</i> | How long <i>2 or 3 months</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Jas Boodley</i> |
| | Address <i>Centreville</i> |
| Accident or Suicide? <i>J</i> | <i>Med</i> |



Name
In
Full

John H. Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

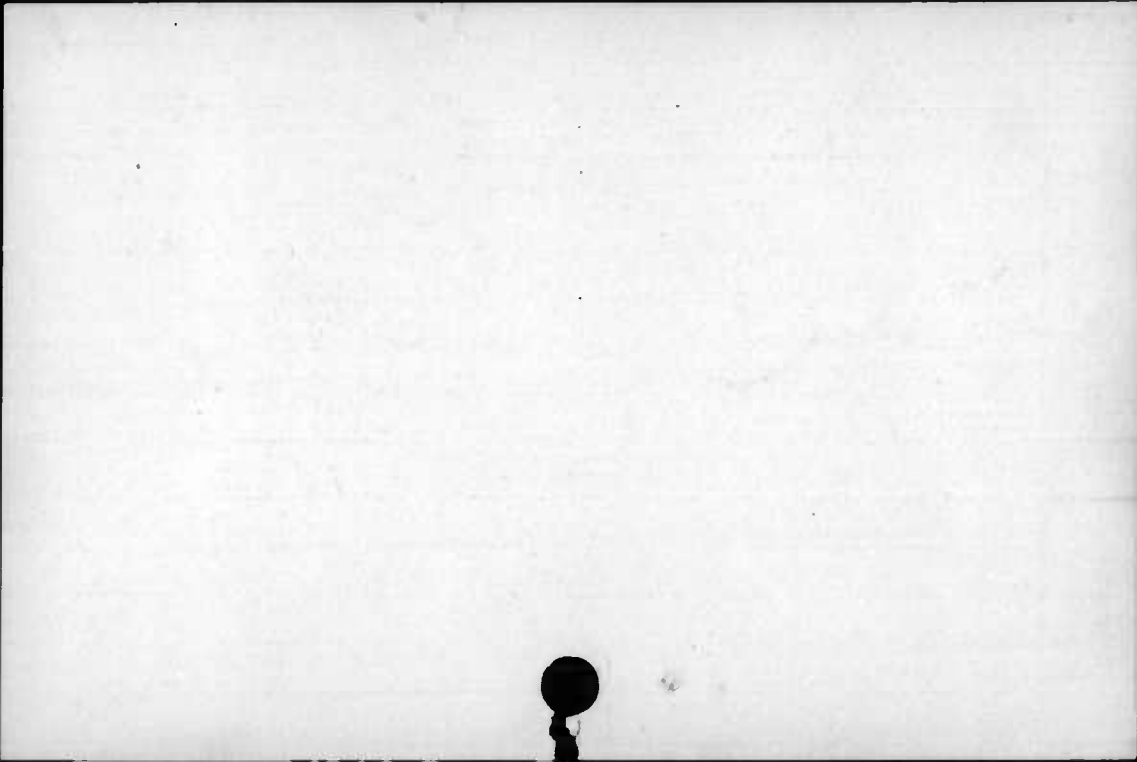
| | | | |
|--|--|-----------------------------|---------------|
| Died at <i>Centerville</i> ^{Town} <i>O.A.</i> ^{County} | | MARYLAND | |
| Date of death <i>1908</i> ^{Month} <i>April</i> ^{Day} <i>30th</i> ^{Years} <i>76</i> | Months <i>—</i> | | Days <i>3</i> |
| Sex <i>male</i> | Color or Race <i>Caucasian</i> | Birth-place <i>O.A. Co.</i> | |
| Occupation <i>None</i> | Where Residing if not at place of death <i>Centerville</i> | | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>Nancy Mason</i> | | |
| Father's Name <i>Irish C. Mason</i> | Father's Birthplace <i>O.A. Co.</i> | | |
| Mother's Maiden Name <i>Henrietta Sylvestre</i> | Mother's Birthplace <i>Unknown</i> | | |
| Name of person giving information <i>John M. Mason</i> | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pneumonia</i> | How long <i>7 days</i> |
| Immediate <i>Heart failure, exhaustion</i> | How long <i>24 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Dr. Bordley M.D.</i> |
| | Address <i>Centerville, Md.</i> |
| <i>Accident or Suicide</i> | |



Name
In
Full

William James Miller

CERTIFICATE OF DEATH



TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-------------------------|--------------------------------|-------------------------|-------------------------|------------------------|
| Died at <i>Winchester</i> ^{Town} | | <i>D. C.</i> ^{County} | | MARYLAND | |
| Date of death | <i>1908</i> | Month | <i>April</i> | Day | <i>19</i> |
| Age | | <i>22</i> | | Years | |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | |
| Occupation | <i>Farm work</i> | | Birth-place | <i>Winchester, Md.</i> | |
| Where Residing if not at place of death | | — | | | |
| Married, Single or Widowed | <i>Single</i> | | Name of Wife or Husband | — | |
| Father's Name | <i>George W. Miller</i> | | | Father's Birthplace | <i>Baltimore, Md.</i> |
| Mother's Maiden Name | <i>Mary R. Evans</i> | | | Mother's Birthplace | <i>Winchester, Md.</i> |
| Name of person giving information | <i>Geo. W. Miller</i> | | | How related to deceased | <i>Father</i> |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | | | | |
|--|-------------------------------|------------------------|----------|-------------------|
| Primary | <i>Pulmonary Tuberculosis</i> | | How long | <i>Don't know</i> |
| Immediate | <i>Heart failure</i> | | How long | <i>Half hour</i> |
| Are the name, age, sex, color, date and place correctly given above? | | <i>Yes</i> | | |
| Signature of Physician | | <i>Rowland H. Ford</i> | | |
| Address | | <i>Queenstown, Md.</i> | | |
| <div>  </div> | | | | |
| <div>  </div> | | | | |
| Accident or Suicide? | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

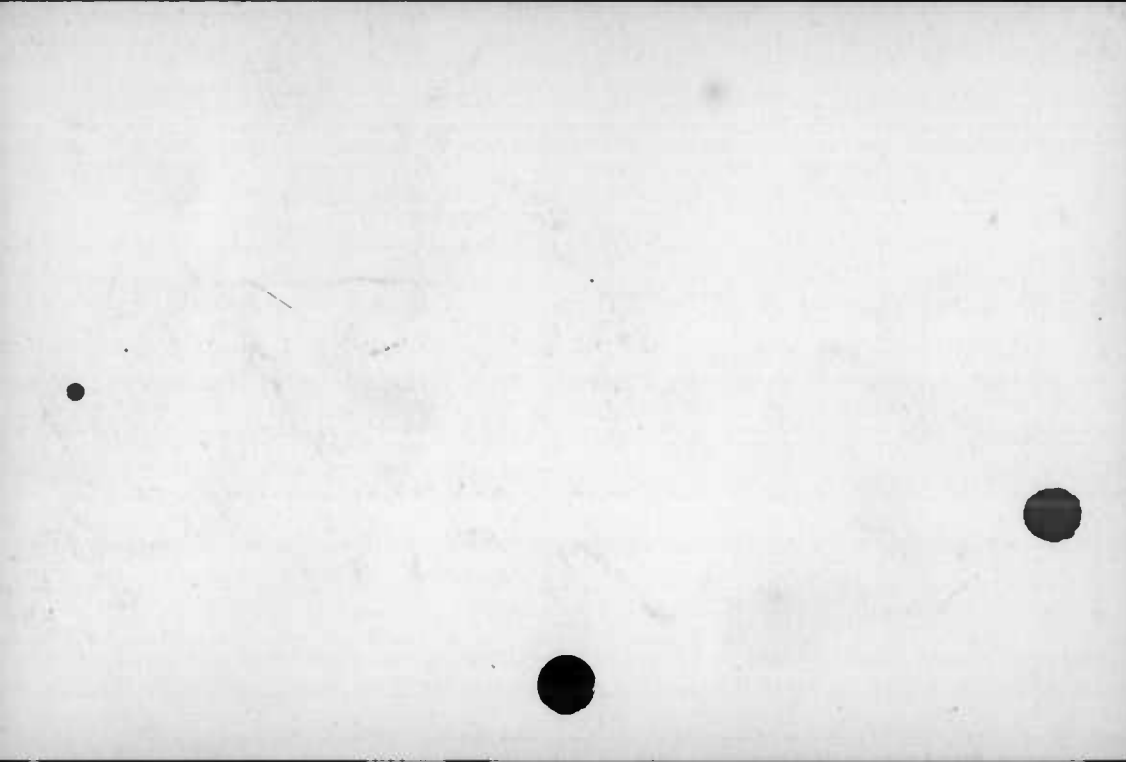
| | | | | | | | |
|--|--|----------------------------|--|--|--|--------------|--|
| Died at <i>Church Hill Md</i> | | Town <i>Church Hill</i> | | County <i>Anne Arund</i> | | MARYLAND | |
| Date of death <i>1908</i> | | Month <i>April</i> | | Day <i>8th</i> | | Age <i>1</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Church Hill</i> | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name <i>Harry H. Porter</i> | | | | Father's Birthplace <i>Queen Anne's Co</i> | | | |
| Mother's Maiden Name <i>Ressie Laderia</i> | | | | Mother's Birthplace <i>Queen Anne's Co</i> | | | |
| Name of person giving information <i>Harry H. Porter</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------------|--|----------------|
| Primary | <i>Broughted Pneumonia</i> | How long | <i>10 days</i> |
| Immediate | <i>Exhaustion</i> | How long | <i>1 hour</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>D. S. Dudley</i> | |
| Address <i>Church Hill</i> | | Address <i>Queen Anne's Co Md</i> | |
| Accident or Suicide? <i>No</i> | | | |



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Muriella Cecelia Shortall*

Died at *Queen Anne's County* Town *County*

Date of death *1908* Month *April* Day *23rd* Age *26* Years Months Days

Sex *Female* Color or Race *Caucasian* Birth-place *Queen Anne's Co. Md.*

Occupation *None* Where Residing if not at place of death *—*

~~Married, Single~~ *Single* or ~~Widowed~~ Name of Wife or Husband

Father's Name *Thomas F. Shortall* Father's Birthplace *Lobbet Co*

Mother's Maiden Name *Hellie Dougherty* Mother's Birthplace *" "*

Name of person giving information *J. F. Shortall* How related to deceased *Sister*

CAUSES OF DEATH

34

Primary *Localized Tuberculosis* How long *seven years*

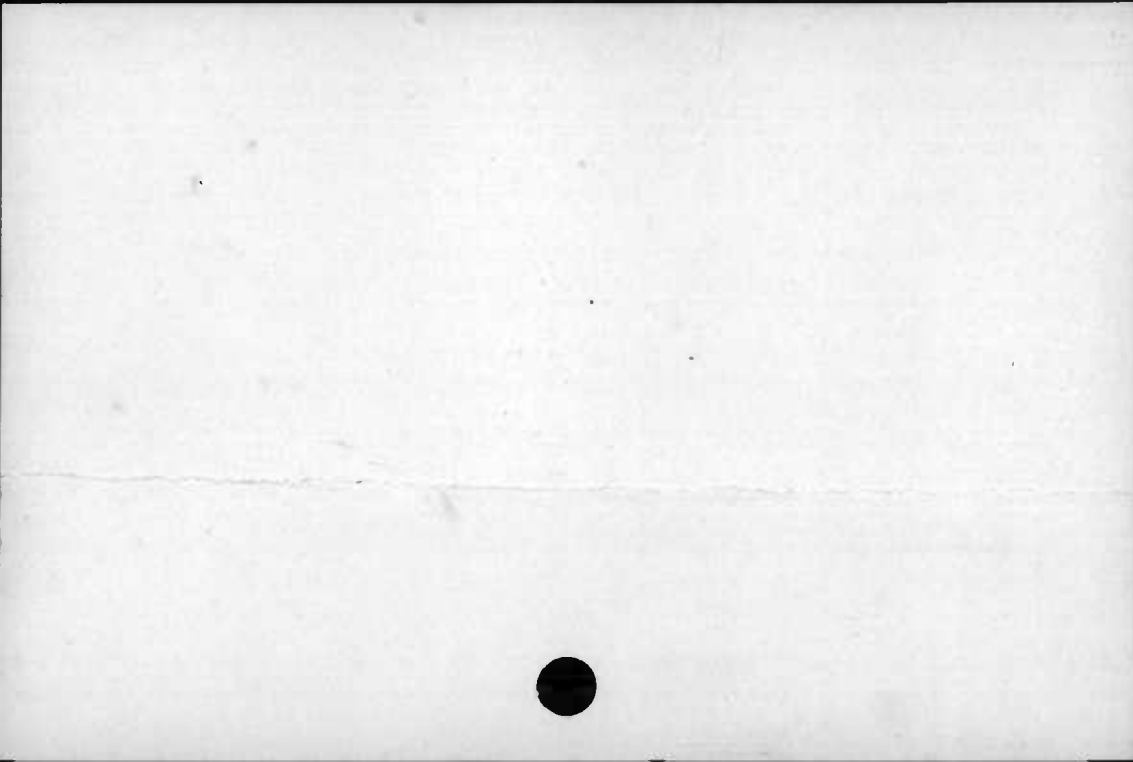
Immediate *General or disseminated Tuberculosis, Toxicemia* How long *Six months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. B. Boring MD* Address *Centerville, Md.*

St. Peter's Church

Accident or Suicide?



Name
in
Full

Elizabeth Anne Skinner

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-------------------|-------------------|--|---|-------------------------|-------------|------------|
| Died at | | Town Baltimore | | County De | | MARYLAND | |
| Date of death | | 1908 | Month 4 | Day 12 | Age 73 | Months 4 | Days 12 |
| Sex | Female | Color or Race | White - American | | Birth-place | Md. | |
| Occupation | House work | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Widow | | Name of Wife or Husband James Skinner | | | | |
| Father's Name | Benjamin Paulison | | | | Father's Birthplace | 2nd | |
| Mother's Maiden Name | Mary A. Rowlican | | | | Mother's Birthplace | 2nd | |
| Name of person giving information | John Skinner | | | | How related to deceased | Son | |

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

| | | | | |
|--|---------------------------------------|---|----------|----------|
| Primary | Concussion of Brain as result of fall | | How long | 32 hours |
| Immediate | Shock | | How long | 32 hours |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | Address | |
| y | |  Baltimore Md | | |
| Accident or Suicide? | | Accident | | |



Name
in
Full

Not named (Stillborn)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|--|--|---|--|
| Died at <u>Price Sta.</u> ^{Town} | | <u>Queen Anne's</u> ^{County} | | MARYLAND | |
| Date of death <u>1908</u> ^{Month} <u>April</u> ^{Day} <u>7</u> | | Age <u> </u> ^{Years} | | Months <u> </u> Days <u> </u> | |
| Sex <u>Male</u> | | Color or Race <u>White</u> | | Birth place <u>of a c. Ind.</u> | |
| Occupation <u> </u> | | Where Residing if not at place of death <u>at place of death</u> | | | |
| Married Single or Widowed | | Name of Wife or Husband <u> </u> | | | |
| Father's Name <u>James E. Stanley</u> | | Father's Birthplace <u>Ind</u> | | | |
| Mother's Maiden Name <u>Susie E. Smith</u> | | Mother's Birthplace <u>Del</u> | | | |
| Name of person giving information <u>James E. Stanley</u> | | How related to deceased <u>Father</u> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <u>Dead born</u> | How long <u> </u> |
| Immediate <u>Dead born</u> | How long <u> </u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>H. G. Coppock</u> |
| <u>Accident or Suicide?</u> | Address <u>Church Hill</u> |
| | <u>Ind</u> |

Myrna Dee

Name
in
Full

Charlie Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Templeville* Town*Sumner* County

MARYLAND

Date
of death *1908*Month
*4*Day
22

Age

Years
17

Months

Days

Sex *Male*Color or
RaceBirth-
place*Ind*

Occupation

*Form Salons*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Herman Thomas*Father's
Birthplace*Ind*Mother's
Maiden Name*Lizza Butler*Mother's
Birthplace*Ind*Name of person giving
In formation*Chas. H. Thomas*How related
to deceased*Uncle*

CAUSES OF DEATH

Primary

Typhoid Fever

How long

Four months

Immediate

Exhaustion

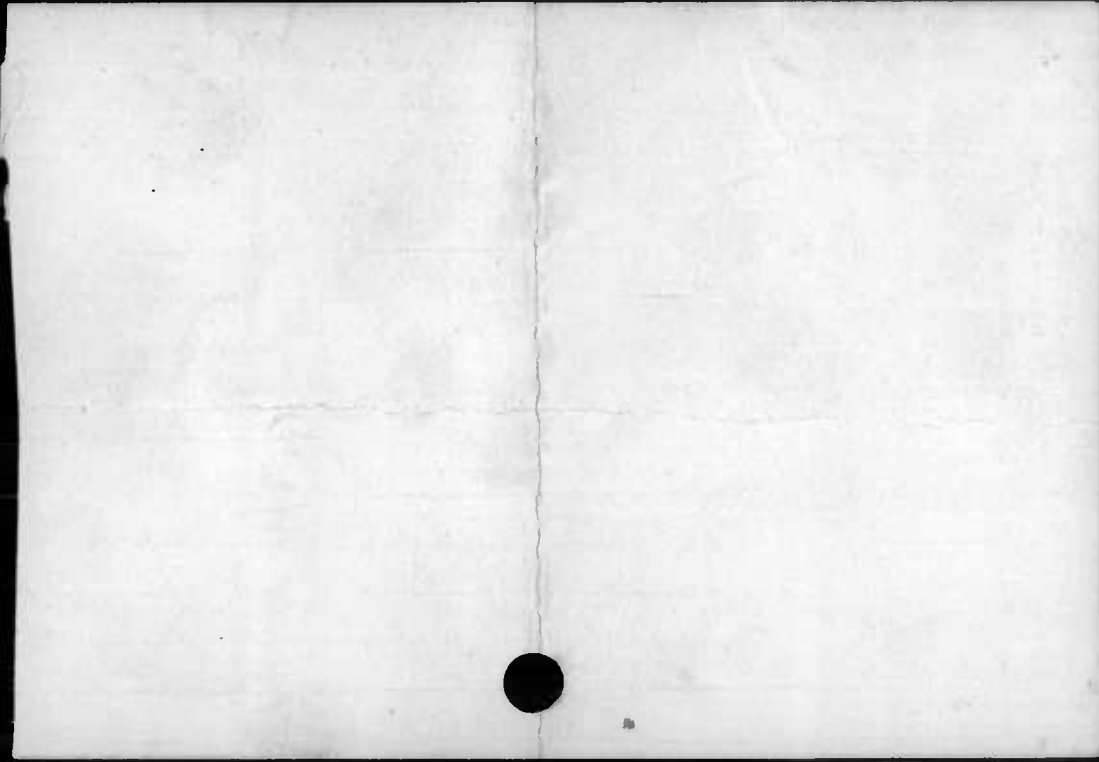
How long

*" "*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Robert Suckles*

Address

Suckersville Ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

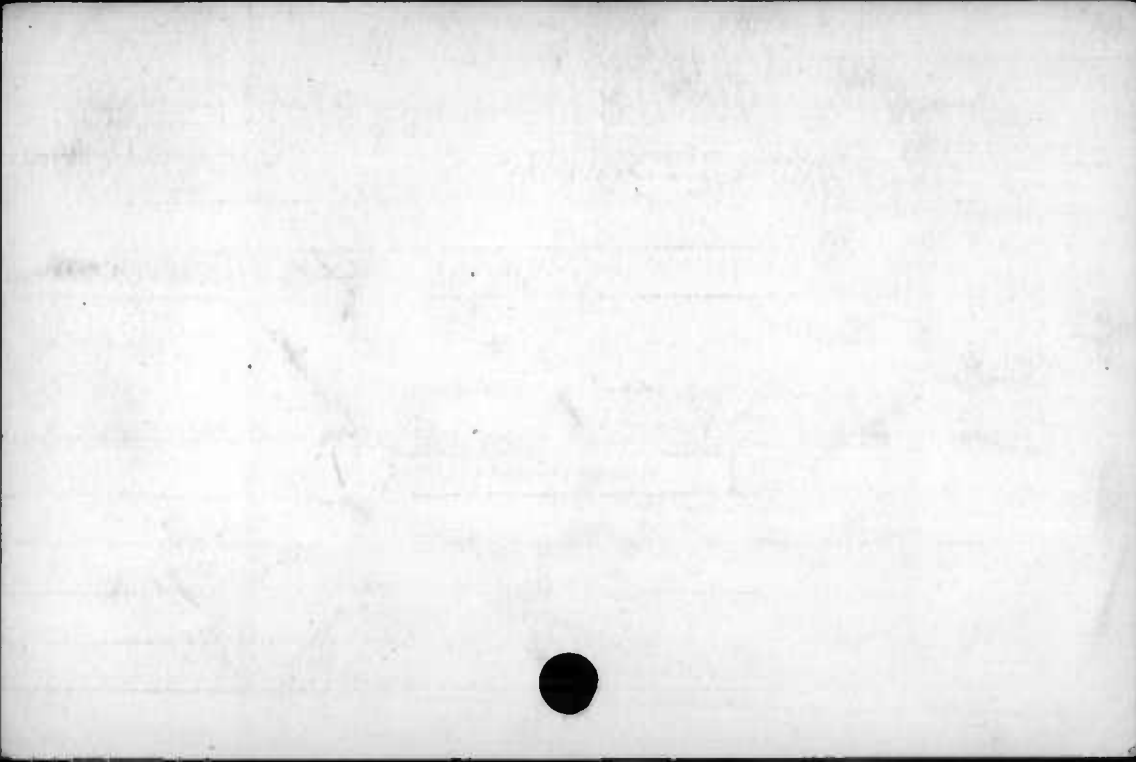
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|------------------------|--|--------------------------------|--|
| Name in Full <i>George Thomas</i> | | Town <i>Yeads Templeville</i> | | County <i>Truman</i> | | State <i>MARYLAND</i> | |
| Died at | | Date of death <i>1908</i> | | Age <i>14</i> | | Months <i>4</i> Days <i>30</i> | |
| Sex <i>Male</i> | | Color or Race <i>ed</i> | | Birth-place <i>Mo'</i> | | | |
| Occupation <i>Farm Labor</i> | | Where Residing if not at place of death <i>Mo'</i> | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name <i>Herman Thomas</i> | | Father's Birthplace <i>Mo'</i> | | | | | |
| Mother's Maiden Name <i>Lizza Butler</i> | | Mother's Birthplace <i>Mo'</i> | | | | | |
| Name of person giving information <i>Herman Thomas</i> | | How related to deceased <i>Brother</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Typhoid Fever</i> | How long |
| Immediate <i>Exhaustion, debility resulting</i> | How long <i>Four months</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Edwin L. Lister</i> |
| | Address <i>Lucasville Mo'</i> |
| Accident or Suicide? | |



Name
in
Full

Mary A. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

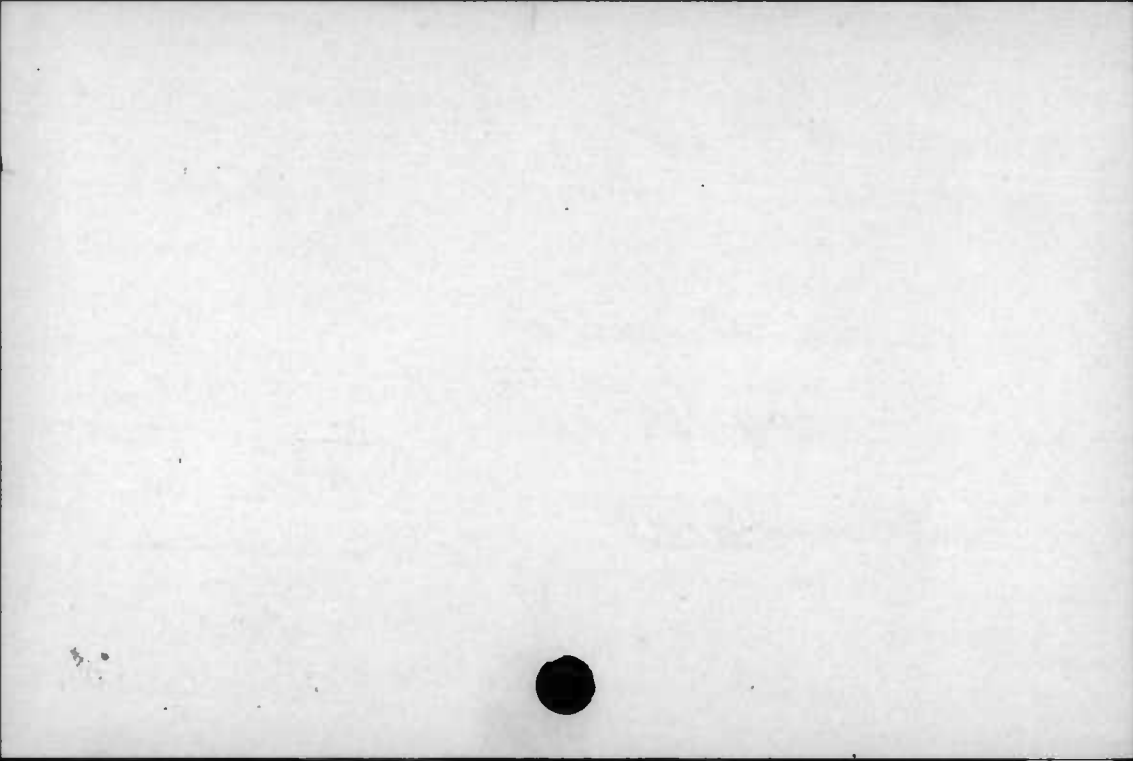
| | | | | | |
|--|--|----------------------------|---------------|---------------|-----------------|
| Died at <i>✓ Chester</i> | | County <i>Queen Anne</i> | | MARYLAND | |
| Date of death | 1908 | Month <i>Apr</i> | Day <i>14</i> | Age <i>31</i> | Months <i>6</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | Birth-place <i>Kent L.</i> | | | |
| Occupation <i>House-wife</i> | Where Residing if not at place of death <i>Chester</i> | | | | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>Howard Thomas</i> | | | | |
| Father's Name <i>Samuel L. Jones</i> | Father's Birthplace <i>Dorchester Co.</i> | | | | |
| Mother's Maiden Name <i>Katie Thompson</i> | Mother's Birthplace <i>" "</i> | | | | |
| Name of person giving information <i>Howard Thomas</i> | How related to deceased <i>Husband</i> | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Tuberculosis of left lung, rt. ovary</i> | How long <i>6 months</i> |
| Immediate <i>General Anesthesia</i> | How long <i>2 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>W. Thos. E. Snyder</i> |
| | Address <i>Stevensville Md</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

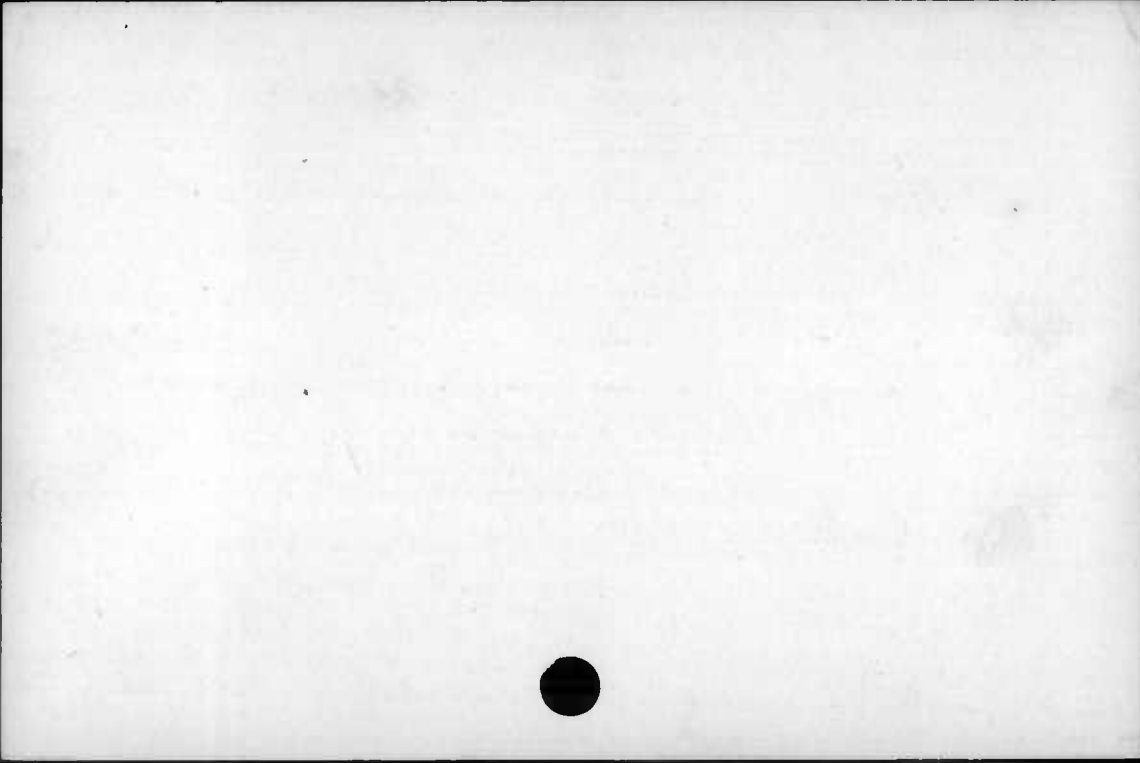
| | | | | | | | |
|--|--|---------------------------------------|--|--|--|----------------|--|
| Name in Full <i>Martha Halls</i> | | Town <i>near Templeville</i> | | County <i>Queen Anne's</i> | | MARYLAND | |
| Died at <i>near Templeville</i> | | Month <i>4</i> | | Day <i>25</i> | | Years <i>-</i> | |
| Date of death <i>1908</i> | | Month <i>4</i> | | Day <i>25</i> | | Years <i>-</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Md-</i> | | Days <i>1</i> | |
| Occupation <i>-</i> | | | | Where Residing if not at place of death <i>-</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>-</i> | | | | | |
| Father's Name <i>Walter H. Halls</i> | | Father's Birthplace <i>Md-</i> | | | | | |
| Mother's Maiden Name <i>Emma Mrs. Hunt</i> | | Mother's Birthplace <i>Md-</i> | | | | | |
| Name of person giving information <i>Walter H. Halls</i> | | How related to deceased <i>Father</i> | | | | | |

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

| | | | |
|---|--|---|--|
| Primary <i>Cyanosis</i> | | How long <i>-</i> | |
| Immediate | | How long <i>-</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>J. R. Smith, M.D.</i> | |
| Address <i>Templeville Md</i> | | Address <i>Templeville Md</i> | |
| Accident or Suicide? <i>-</i> | | Accident or Suicide? <i>-</i> | |



Name
in
Full

Sallie Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

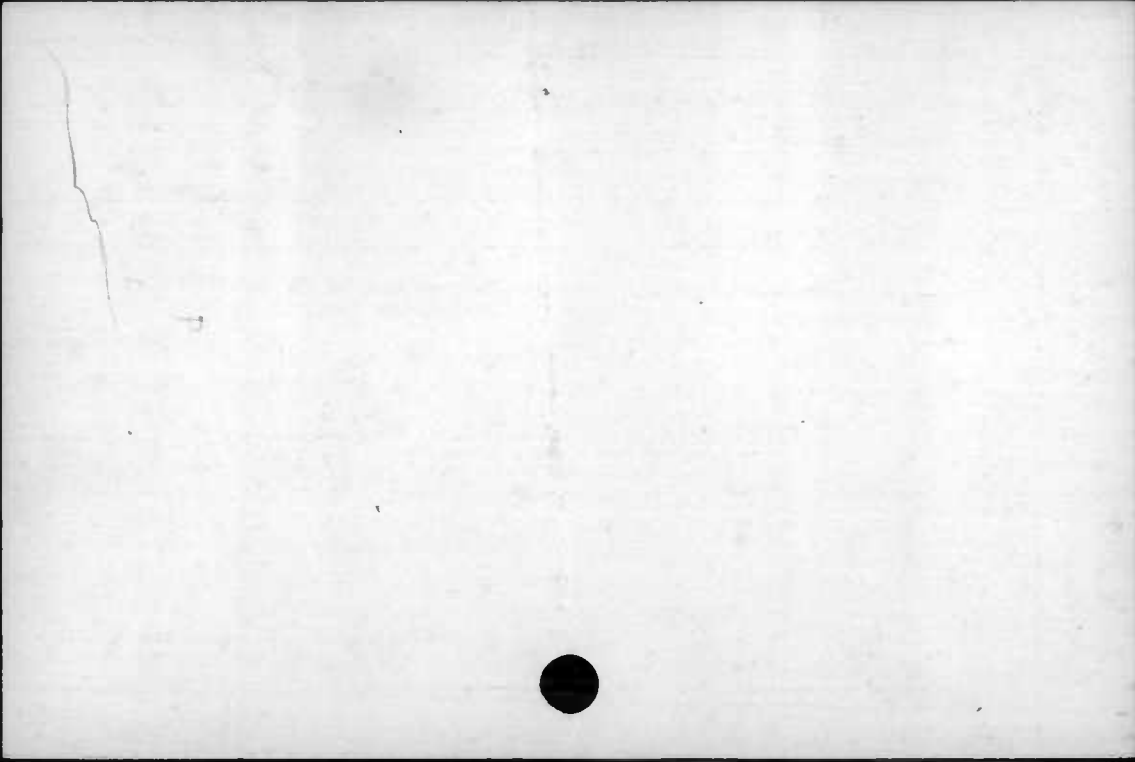
| | | | | | | | |
|---|--|--|---------------|---------------------------------|-------|----------|------|
| Died at <i>On Kent Island</i> | | Town <i>Queen Anne's</i> | | County | | MARYLAND | |
| Date of death <i>1908</i> | | Month <i>April</i> | Day <i>30</i> | Age <i>70</i> | Years | Months | Days |
| Sex <i>Female</i> | | Color or Race <i>colored</i> | | Birth-place <i>Howard Co Md</i> | | | |
| Occupation <i>Servant</i> | | Where Residing if not at place of death <i>Kent Island</i> | | | | | |
| Married, Single or Widowed <i>Widow</i> | | Name of Wife or Husband <i>Unknown</i> | | | | | |
| Father's Name <i>Unknown</i> | | Father's Birthplace <i>Unknown</i> | | | | | |
| Mother's Maiden Name <i>"</i> | | Mother's Birthplace <i>"</i> | | | | | |
| Name of person giving information <i>Thomas W. Barville</i> | | How related to deceased <i>"</i> | | | | | |

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

| | | |
|--|-------------------------|--|
| Primary | <i>General debility</i> | How long |
| Immediate | <i>"</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician <i>Emory S. Skinner Jr.</i> |
| | | Address <i>Stevensville Md.</i> |
| Accident or Suicide? | <i>"</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|---|---------------|----------------------------|----------------|
| Name <i>James E. Watters</i> | | County <i>Queen Anne's</i> | | State <i>MARYLAND</i> | |
| Died at <i>Brook Centreville</i> | | Town <i>Centreville</i> | | County <i>Queen Anne's</i> | |
| Date of death <i>1908</i> | | Month <i>April</i> | Day <i>21</i> | Years <i>76</i> | Months <i></i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | Birth-place <i>Queen Anne's Co</i> | | | |
| Occupation <i>Farmer</i> | | Where Residing if not at place of death <i>Near Centreville</i> | | | |
| Married, Single or Widowed <i>Widowed</i> | | Name of Wife or Husband <i>Sarah Watters</i> | | | |
| Father's Name <i>A. C. Watter</i> | | Father's Birthplace <i>Queen Anne's Co</i> | | | |
| Mother's Maiden Name <i>Mary Alley</i> | | Mother's Birthplace <i>Queen Anne's Co</i> | | | |
| Name of person giving information <i>J. E. Watters</i> | | How related to deceased <i>Son</i> | | | |
| CAUSES OF DEATH | | | | | |
| Primary <i>Arteriosclerosis</i> | | How long <i>For 4 yrs</i> | | | |
| Immediate <i>Cerebral hemorrhage</i> | | How long <i>2 weeks</i> | | | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Major Frank M. D.</i> | | | |
| Address <i>Centreville</i> | | State <i>Queen Anne's, Md</i> | | | |
| Accident or Suicide? <i>No</i> | | | | | |

PHYSICIAN
OR CORONER

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|---|--|---------------------------------------|--|
| Died at <i>Churrah Hill Queen Anne</i> | | Town <i>Churrah Hill</i> | | County <i>Queen Anne</i> | | MARYLAND | |
| Date of death <i>1908 April 3</i> | | Month <i>April</i> | | Day <i>3</i> | | Years <i>32</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>PA</i> | | Months <i>10</i> | |
| Occupation <i>Telegraph Operator</i> | | Where Residing if not at place of death <i>at place of death</i> | | Years <i>28</i> | | Days <i>28</i> | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | Father's Name <i>Isabel Woodring</i> | | Father's Birthplace <i>PA</i> | |
| Mother's Maiden Name <i>Isabelle Gosh</i> | | Mother's Birthplace <i>PA</i> | | Name of person giving information <i>Miss Olivia Woodring</i> | | How related to deceased <i>Sister</i> | |

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Laryngeal Tuberculosis</i> | How long <i>3 months</i> |
| Immediate <i>Rostrum End hemorrhage</i> | How long <i>24 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>D. G. Coppage</i> |
| <i>9</i> | Address <i>Church Hill</i> |
| Accident or Suicide? <i>No</i> | <i>Int</i> |

